UNITED KINGDOM (cont)

P Jones Esq
Bournemouth Polytechnic
Dorset House
Talbot Campus
Fern Barrow
Dorset
BH12 5BB

Tel: 0202 524111

Professor C L Jenkins
Scottish Hotel School
University of Strathclyde
Curran Building
94 Cathedral Street
Glasgow
Scotland
G4 OLG

Tel: 041 552 4400

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

Independent Recommendations by Country

2048810027

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

NETHERLANDS

Dr E Th. Cassee
Hotelschool den Haag
Hogeschool voor bedrijfskunde
Brusselselaan 2
2587 AH Den Haag
Tel: 070 351 24 81

Dr A J Geuzendam
Hoge Hotelschool Maastricht
Hoge School voor Management
P O Box 3900
OA6202 NX Maastricht
Tel: 043 68 72 72

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

ITALY

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Istituto Professionale Alberghiero Di Stato
Viale Regina, 5
28049 Stresa (NO) Tel: 0323 31194

Prof. Vincenzo Bevilacqua
Istituto Professionale Alberghiero Di Stato
Via Vilvassori Peroni, 8
20133 Milano Tel: 02 761 0162

Prof. Gualtiero Nardi
Istituto Professionale Alberghiero Di Stato
Via Urugay, 26
20151 Milano Tel: 02 308 7475

Prof. G Mario Venzi
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Via Trieste
25083 Gardone Riviera (BS) Tel: 0365 21107

Prof. Gianfranco Manacroda Garbarini
Istituto Professionale Alberghiero Di Stato
Via Oderico, 10
16145 Genova Tel: 010 301562

Prof. Carla Maria Pistarino
Istituto Professionale Alberghiero De Stato
Via Matteotti, 57
19032 Lerici (SP) Tel: 0187 967 376

Prof. Gabriele Paci
Istituto Professionale Alberghiero Di Stato
Viale Piacenza 35
47036 Riccione (FO) Tel: 0541 41105

Prof. Giovanni Giannini
Istituto Professionale Alberghiero De Stato
"A Perotti"
Via Niceforo 8
70124 Bari Tel: 080 513 581

Prof. Vincenzo Libertini
Istituto Professionale Alberghiero Di Stato
Via Roma 18
66047 Villa Santa Maria (CH) Tel: 0872 944422

2048810029

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

FRANCE

Lycée de l'Hotellerie-alimentation
114, avenue Zenatti
Zac de Bonneveine
Marseille — Tel:91 73 47 81

Lycée St Bonigne
99, rue de Talant
Dijon — Tel:80 57 42 42

Ecole Technique Antares
2, rue Leon Dieude
Perpignan — Tel:68 34 90 12

Institut Vatel
Ecole Hoteliere Priveo
107, rue Nollot
Paris — Tel:(1)42 26 26 60

Ecole Hôteliere Jean Drouant
20, rue Mederic
Paris — Tel:(1)42 27 63 70

Lycée d'Hôtellerie et de tourisme
23, rue de Conservatoire
Toulouse — Tel:61 23 21 51

2048810030

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

SWITZERLAND

Hotelfachshule Belvoirpark
Seestrasse 141
8002 Lausanne — Tel: 01 202 64 60

Ecole Hôteliere le Vieux-Bix
Av Poix 12
1202 Geneve — Tel: 022 33 03 30

Centre Internationl de formation hoteliere et de tourisme SA
1823 Glion — Tel: 021 963 4841

Swiss School of Hotel Management and Tourism
Welschdorfli 2
7000 Chur — Tel: 081 22 70 71

Hotel and Tourism School HOSTA
1854 Leysin — Tel: 025 34 18 14

Hotelconsult SHCC
Institut Hotelier
"Cesar Ritz"
1897 Le Bouveret — Tel: 025 81 36 50

International Hotel and Tourism Training Institute
Himmelrichtstrasse 6
6003 Luzern — Tel: 041 23 06 66

Hotel Institute for management
15 Avenue des Alpes
1820 Montreux — Tel: 021 963 7404

Hotel and Tourism School "Les Roches"
Gesthotel
3903 Bluches — Tel: 027 41 12 23

Alpina International Hotel Management School
7078 Lenzerheide — Tel: 081 34 20 95
081 34 11 34

Institute-University Schiller
Dorfstrasse 40
6390 Engelberg — Tel: 041 94 26 35

SITC Tete-de-Ran SA
International Training Centre for the Hotel and
Restaurant Industries
2208 Tete-de-Ran — Tel: 038 53 33 23

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

GERMANY

Steigenberger Hotelberufsfachschule
Postfach 2149,
Zenostrasse, 9
8230 Bad Reichenhall — Tel: 08651 63072

Hotel und Gaststatten Berufsfachschule
D Speiser
Ringberger 43
8182 Bad Wiessee — Tel: 08022 81163

Hotelberufsfachschule Dortmund
Am Rombergpark 67
4600 Dortmund — Tel: 0231 715002

Hotelberufsfachschule KermeB
Blumenauer Strasse 151
8000 Munchen 60 — Tel: 089 880813

Bavaria Hotelberufsfachschule
Ausbildungs und Trainingszentrum fur die
Gastronomie GmbH
Emmertinger Strasse 12
8265 Neutting-Alzgern — Tel: 08671 70012203

Hotel und Gaststatten Berufsfachschule
D Speiser
Perronstrasse 4-8
8180 Tegernsee — Tel: 08022 24011/13

Staatliche Fachschule fur das Hotel und Saststatten
Gewerbe Berlin
Ostpreubendamm 40
1000 Berlin 45 — Tel: 030 7904 2388

Wirtschaftsfachschule fur das Fastatten und
Hotelgewerbe
Am Rombergpark 67
4600 Dortmund 50 — Tel: 0231 715 002

Staatliche Hotelfachschule Hamburg
Angerstrasse 4
2000 Hamburg 76 — Tel: 040 2488 3423

Hotelfachschule Heidelberg
(Fritz-Gabler-Schule)
Buchwaldweg 6
6900 Heidelberg (Boxberg) — Tel: 06221 384 867

2048810032

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

GERMANY (Cont)

Staatliche Hotelfachschule
Georg Voigt Strasse, 2
3550 Marburg
Tel: 06421 201 362

Bavaria Hotelfachschule Altotting
Emmertinger Strasse 12
8265 Neutting-Alzgern
Tel: 08671 7001 2202

Fachschule fur das Hotel und Gaststattengewerbe
Am Muggelsberg
6600 Saarbrucken
Tel: 0681 39367
(Hotelfachschule in Teilzeitform)

2048810033

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

BELGIUM

Institut Communal d'Enseignement
Technique d'Hotellerie
Rue Hors-Chateau, 13
4000 Liege — Tel: 041 23 22 25

Institut technique de la Communaute Francaise - Hotellerie
Avenue Reine Astride, 250
4880 Spa — Tel: 087 77 30 47

Institut Notre-Dame
(2eme et 3eme degre)
Avenue Jean Taste, 38
4802 Verviers (Heusy) — Tel: 087 22 02 85

Institut Notre Dame
Rue de Bruxelles, 97
6220 Fleurus — Tel: 071 81 14 11

Institut Technique des Metiers de l'Alimentation
Rue Cottrel, 14
7500 Tournai — Tel: 069 22 68 07

Institut Provincial des Industries Alimentaires et du Tourisme
Avenue Emile Gryuson, 1
1070 Bruxelles (Anderlecht) — Tel: 02 526 71 11

2048810034

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

LUXEMBOURG/NAMUR

Athenee Roayl La Roche en Ardenne
Rue des Evets, 4
6980 La Roche en Ardenne
Tel: 084 41 12 62

Institut du Sacre Coeur
Faubourg de la ville, 3
6400 Couvin
Tel: 060 34 41 65

Ecole Hoteliere Provinciale Citadelle
Avenue de l'Ermitage, 7
5000 Namur
Tel: 081 22 40 79

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

4.5) Hotel chains offering no-smoking rooms

The main Pan-European Hotel Chains:

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

RAMADA INTERNATIONAL HOTELS AND RESTAURANTS

Contact:	Frau Matsie Vanackeren Vice-President of Marketing in Europe
Address:	Mergerthaler Allee 77 6236 Eschborn Germany
Tel:	49 61 96 96 0200
Policy:	Non-smoking rooms may be ordered, subject to availability but will not be provided unless requested.

2048810038

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

MARRIOTT HOTELS AND RESORTS

Contact:	Peter Haigh European Marketing Director
Address:	80 Regent Street London W1 UK
Tel:	071-493 1232
Policy:	Have guaranteed availability of non-smoking rooms for past two years, but have always had non-smoking rooms available upon request - Policy is non-specific for Europe and follows corporate decisions from the US.

2048810039

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

ITT SHERATON CORPORATION

Contact:	Karl-Heinz Hatzfield Director of Operations, Europe
Address:	Frankfurt Sales Centre Franfurt Germany
Tel:	49 69 69 772140
Policy:	Non-smoking rooms have always been available on request, but one cannot always be guaranteed - Policy follows on from corporate decisions in the US.

2048810040

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

MOVEN PICK HOTEL GROUP

Contact:	Mrs Sastzia Van Scherpenzed Sales and Marketing Office
Address:	Moven Pick Hotel Walter Mittelholzerer Str. 8 8152 Glattbrutt Switzerland
Tel:	010 41 1 810 1111
Policy:	There is no specific policy on provision of non-smoking rooms; and the amount available varies from hotel to hotel.

2048810041

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

INTERCONTINENTAL

Contact:	Bob Davis European Marketing
Address:	Devonshire House Mayfair Place London W1X 5FH UK
Tel:	071-495 2500
Policy:	Each hotel within the group can make their own decisions as to how great an area should be retained as non-smoking, with some offering whole floors.

2048810042

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

CONRAD/HILTON

Contact:	Denis Johnson European Marketing
Address:	The Chambers Chelsea Harbour London SW10 0XF UK
Tel:	071-376 4848
Policy:	All hotels within the group have non-smoking rooms on request as part of the corporate policy emanating from the US.

2048810043

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

ACCOR (NOVOTEL)

Contact:	The European Marketing Office
Address:	General Management and Head Office Chaîne Novotel 2, rue de la Mare-Neuve 91021 Evry Cedex France
Tel:	(33) 1 60 87 43 20
Policy:	Non-smoking rooms available on request for the past 3 years as part of the corporate policy.

2048810044

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

2048810045

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

SPOKESPEOPLE

5.1 Environmental tobacco smoke - ETS

5.2 Indoor air quality - IAQ

5.3 Sick building syndrome - SBS

5.4 Workplace

5.5 Tobacco advertising

2048810046

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

Contact details

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Belgium
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Charles Lister
Covington + Burling
46 Hertford Street
London W1Y 7TF
England
Tel: 44 71-495 5655

Paul Vosloo/Julian Walker
Burson-Marsteller
24-28 Bloomsbury Way
London WC1A 2PX
England
Tel: 44 71-831 2969

2048810047

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

2048810048

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

5.1) Environmental Tobacco Smoke - ETS

2048810049

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

United Kingdom

There are seventeen scientists/consultants from the United Kingdom who have published and in most cases presented papers on ETS, and might serve as spokespersons on ETS.

Four of the seventeen are toxicologists who have published or edited books or papers on the alleged health effects of ETS, presented papers at conferences, and/or participated in press conferences or the like.

A sizeable number of the seventeen are medical doctors. One specialises in occupational medicine, and another in respiratory medicine. Both are competent speakers. A third specialises in pathology and toxicology, is a particularly good speaker, and has had media experience.

The other medical doctors include: two experts on reproduction and children's respiratory health in the context of ETS — one of these, however, would be available only under special circumstances; one cardiologist who has worked on ETS and heart disease; and a consultant physician with experience in the tobacco industry who has written on cardiovascular diseases and ETS.

The remaining British scientists include:

a pharmacologist who has written on ETS and cardiovascular disease, but who has broader ETS knowledge;

a biochemist and professor of biopharmacy whose work has concentrated on chemical and biological aspects of nicotine;

a statistician who has published numerous papers on statistical methods as applied in epidemiology and toxicology;

a woman sociologist whose presentation on anti-smoking movements might serve as an interesting accompaniment to standard ETS presentations;

a professor of public health engineering who has published on ETS and has some media experience.

Denmark

In Denmark there is a medical doctor who is a very good spokesperson, has extensive television experience, and has recently written for a lay audience on ETS. His languages are English and Danish.

Sweden

In Sweden there are three potential spokespersons, one a cardiovascular physician, one a pulmonary physician, and one a toxicologist. All have published papers and given oral presentations on ETS.

Finland

In Finland there is a doctor and professor of respiratory medicine who might be able to act as a spokesperson, but only under very special circumstances.

2048810050

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

Germany

In Germany there is a professor of mathematics who has worked on ETS risk assessment; he is not a particularly strong public speaker, however, and would be best in a one-on-one situation.

Ireland

In Ireland there is a medical doctor specialising in toxicology and epidemiology who has written on respiratory disease and other subjects. He is a very entertaining speaker and writer. There is another physician who works in the same areas and who might also be useful as a speaker.

Norway

In Norway there is a toxicologist who has done work on nicotine as a marker for ETS. He could be used only sparingly, however, and may be hesitant to express his views candidly.

Austria

In Austria there is a toxicologist who has attended conferences and could speak on ETS.

Italy

In Italy there are three potential spokespersons, all of whom have presented papers at conferences. Two are toxicologists, one specialising particularly in poisons, while the third is a professor of hygiene and a scientific advisor. In addition, there is an Italian living and working in America who is an expert on cancer and who could serve as a spokesperson in Italy. We expect soon to have additional possible candidates in Italy.

Switzerland

In Switzerland there is a woman doctor specialising in reproductive toxicology who has worked on ETS and pregnancy. She is, however, not very experienced and may not be an effective speaker.

France

In France there are seven individuals who have varying potential to act as spokespersons. The strongest candidate is a pathologist and professor who has written on ETS and lung cancer risks; he speaks both English and French and is very good. Another possibility is a professor of pharmacology who has both written on ETS and had some video/press experience; he has also presented papers at various conferences.

In addition, there is a toxicologist and scientific advisor, a professor of occupational medicine, and a consultant in applied biology, all of whom have been relatively active in conferences addressing ETS. Another individual, a professor of biochemistry and toxicology, will need additional background work before he would agree to act as a spokesperson. Here, as elsewhere in this list, the individuals have devoted varying degrees of time to ETS and IAQ, and some may need additional work or preparation before they themselves would feel comfortable speaking publicly.

2048810051

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

U.S.A.

In addition to the American mentioned in the discussion on Italy, there are five individuals from the United States who have given presentations in Europe in the past and might again be potential spokespersons. One is a biologist specialising in toxicology who has written and spoken extensively on ETS in airplane cabin air. Two others are doctors and professors who have given presentations on ETS in the past, but have been less active recently. Another is a respiratory physician and professor of medicine who is expert on many aspects of ETS, but in particular on respiratory effects in children. Another is a biostatistician who has published criticism of the Hirayama studies.

Spain

Initial work has been conducted with three Spanish doctors (one is Catalan) who have done some work on ETS; more preparation is needed, however, before they could be used as spokespersons.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

5.2) Indoor Air Quality - IAQ

2048810054

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

United Kingdom

There are fifteen scientists/consultants resident in the UK who might act as spokespersons on aspects of indoor air quality.

Four of the fifteen are medical doctors. One, specialising in pathology, has published extensively on a range of topics, many of them tobacco related, and has had considerable public speaking experience, including press experience. Another, a Scot, is a respiratory physician who has worked on cancer and adult respiratory health, and on exposure to domestic birds as a source of lung cancer. The third specialises in occupational medicine and is a good speaker, while the fourth, a respiratory virologist, concentrates primarily on germs in indoor air.

Four of the fifteen scientists are toxicologists. Two are respiratory toxicologists who have published and presented papers on asbestos and other mineral fibres in indoor air. One is a toxicologist/pathologist with considerable public speaking experience (including media experience); much of his work has been related to ETS as a component of indoor air. The last is an industrial toxicologist who has worked on occupational exposure limits, carcinogenic risks, and nicotine, and has had some media experience.

The remaining scientists include:

two pharmacologists, one who has published and presented papers on ETS as a component of indoor air, and cardiovascular disease, and one who specialises in problems relating to industrial plants and factories, and the respiratory effects of pharmacological agents in indoor air;

one occupational hygienist who has published and presented papers on workplace air quality, inhaled particles, and occupational exposure limits; and has also had some media experience;

one professor of public health engineering who has published and presented papers on chemical components of indoor air, suspended particulate determination, and chemical exposure and dose; he has also had some media experience;

one architect who has published and presented papers on ventilation design and criteria for *good indoor air quality, and on building standards;*

one aeronautical engineer who is qualified to speak on air quality in airplanes.

Sweden

In Sweden there are three potential spokespersons. One is a consultant in toxicology who has worked both on risk assessment and on air quality in airplanes. Another is a consultant in occupational medicine experienced in workers' health protection who has also published on airplane air quality. The last is a pulmonary physician who could speak about occupational risks, although he is not as polished a speaker as the other two.

Greece

In Greece there is an occupational health physician who has published and presented a paper on indoor air quality in Greek workplaces and factories. It was not, however, a high quality paper, and additional extensive preparation would be necessary before he could be considered a potential spokesperson.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

France

In France there are three potential IAQ spokespersons. One is a pharmacologist who has published and presented papers on a variety of topics, including nicotine in indoor air, nephrotoxicity of metallic air pollutants, and indoor air pollution in specific cities. He has also had some media experience.

The second is a professor whose speciality is radon in the home and radon dose/effects; he is qualified to speak only on radon. The third consultant specialises in building engineering and is an expert on French ventilation. He is not the best public speaker but is quite knowledgeable.

Switzerland/Belgium

There is one Swiss consultant living and working in Belgium who has written and presented papers on indoor air quality, in particular on EEC regulation thereof. He is fluent in English, French and Swiss-German.

Egypt

There are two potential spokespersons in Egypt. One is a professor of occupational medicine who has worked and spoken publicly on air quality in Middle Eastern workplaces. The other is an architect who with further preparation would be able to speak on ventilation.

Italy

In Italy there is a professor of toxicology who is particularly qualified to talk about carbon dioxide in indoor air.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

5.3) Sick Building Syndrome - SBS

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

A number but not all of the scientists/consultants qualified to speak on indoor air quality are also qualified to speak about the more specialised subject of sick building syndrome ("SBS").

United Kingdom

Seven British consultants are potential spokespersons on SBS. All have published and presented papers on indoor air quality generally, and have discussed SBS. They include:

a medical doctor specialising in occupational medicine who has done various projects on air quality at the workplace;

an occupational hygienist who has published and presented papers on a variety of aspects of indoor air quality, and has some media experience; he is, unfortunately, a fairly weak public speaker.

two toxicologists: one specialises in respiratory toxicology and pathogenic activities of mineral fibres; the other specialises in occupational health and industrial toxicology, and has some video experience;

one professor of public health engineering who has some media experience, but will require additional preparation on SBS in order to be an appropriate spokesperson;

one pharmacologist who specialises in the respiratory effects of pharmacological agents and dust in the work environment;

one architect who specialises in ventilation design, has presented a paper on Legionnaires disease, and has some media experience.

Sweden

In Sweden there are two potential spokespersons, one a consultant in occupational medicine with experience in air quality in Swedish workplaces, and the other a toxicologist who has published and presented papers on different aspects of indoor air quality, and has had media experience.

France

In France there is a pharmacologist who has published and presented papers on various aspects of indoor air quality, and has some media experience.

Greece

In Greece there is an occupational health physician who has presented a paper on air quality in Greek workplaces. It was rather weak, however, and additional extensive preparation will be needed before he would be suitable as a spokesperson.

Egypt

In Egypt there are two potential spokespersons; one is an architect who with additional preparation might be qualified to speak on SBS. The other is a professor of occupational health who has written and presented publicly on the subject of air quality in Middle Eastern workplaces.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

5.4) Workplace

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

2048810061

A number of the scientists/consultants who are qualified to speak on indoor air quality and/or ETS are also capable of discussing the workplace in the context of air quality or ETS.

United Kingdom

There are ten potential British scientists who could act as spokespersons on the workplace. All have published or presented papers on indoor air quality or ETS with occasional reference to the workplace. They include:

two medical doctors: one specialises in occupational medicine and has worked on the issue of smoking in the workplace. The second specialises in pathology, has extensive media experience, and has published and presented numerous papers on the subject of ETS and indoor air quality;

one occupational hygienist who has published and presented papers on occupational exposure limits for chemicals and ventilation in occupational settings, and has some media experience;

three toxicologists: two are respiratory toxicologists whose work has focused on asbestos and pathogenic activities of mineral fibres; the third is a specialist in industrial toxicology who has published and presented papers on occupational exposure limits for indoor air, and has had some media experience;

two pharmacologists: one has published and written on ETS and occupational hygiene, and is working on carpet fibres' contribution to indoor air quality. The second specialises in the effects of pharmacological agents on respiratory function, and has worked on dust in the work environment;

one professor of public health engineering whose work includes presentations and publications on chemical contaminants of indoor air, and chemical dose and effect. He has some media experience, but may need additional preparation before serving as a spokesperson on the workplace;

one architect specialising in ventilation design and criteria for good indoor air quality. He has some media experience and expertise in building standards.

Sweden

In Sweden there are two potential spokespersons; one is a consultant in occupational medicine with experience in the protection of workers' health; the second is a consultant toxicologist who has had media experience.

France

In France there is a consultant in building engineering who is an expert on French ventilation. He is not a particularly good public speaker, but is quite knowledgeable.

Egypt

In Egypt there are two potential spokespersons. One is a professor of occupational health who has worked on air quality problems in Middle Eastern workplaces; the second is an architect whose expertise could, with additional preparation, be extended to the workplace.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

5.5) Advertising

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

2048810064

United Kingdom

There are three potential people who could act as spokespersons on tobacco advertising practices in Europe. One individual has published on tobacco advertising and sponsorship. He is an expert speaker who is easily able to use data questioning the effectiveness of advertising bans. Another possible spokesperson is a psychologist who is an expert on the effects of advertising on young people. He tends to be overly technical, but could be a good speaker for the right audience.

The third is a leading light within the industry and is fluent in pan-European tobacco advertising issues.

Netherlands

In the Netherlands there are four potential advertising spokespersons. One is a professor of advertising psychology who has published on advertising and smoking maintenance. Another is a professor of economic psychology and advertising who has published on the effect of marketing communication on smoking initiation in juveniles. Another is a professor of law who has written two articles, one on commercial speech, and one on the EC advertising directive. All speak English.

The fourth is from the publishing industry and speaks in Dutch on the need to halt overly restrictive practices regarding tobacco advertising.

Denmark

In Denmark there is a professor of marketing and publishing who has participated in a seminar on tobacco advertising and is sceptical about the effectiveness of advertising bans.

France

In France there is a contact from the advertising industry who can speak in English or French on tobacco advertising in France.

Germany

In Germany there is a marketing professor who has published on advertising restrictions and effects. There is also a German law professor who can speak on commercial speech and a Marketing Director for a large publishing house who can speak in German on the commercial aspects of tobacco advertising revenues.

Belgium

In Belgium there is one official from the Association of the Belgian Poster Industry, who speaks about restrictive advertising practices.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

MEDIA

6.1 Pan-European media backgrounds

6.2 Health and science correspondents on pan-European publications

6.3 Aviation correspondents on pan-European publications

6.4 Sympathetic European columnists

6.5 Visiting journalists to Neuchâtel

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

6.1) Pan-European media backgrounds

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

CIRCULATION OF ENGLISH LANGUAGE TITLES IN EUROPE

	Financial Times	Wall St Journal	IHT	Time	Newsweek	Fortune	Business Week	Economist	Intl Mgmt.	Harvard Bus. Review
Total Europe	254,785	42,521	128,548	427,510	238,316	51,119	45,189	153,998	90,529	12,702
UK	199,275	11,120	14,993	66,120	31,766	9,462	8,019	86,979	13,048	3,295
Germany	12,130	8,107	18,760	63,173	41,432	4,542	5,598	10,332	11,226	920
France	11,239	5,030	39,974	69,533	55,638	4,712	6,215	11,276	9,874	896
Italy	2,525	1,875	8,327	31,322	13,994	2,996	3,947	6,284	6,933	869
Spain	2,149	1,336	5,602	22,105	6,489	2,809	2,108	5,222	3,328	558
Netherlands	4,187	2,508	6,785	27,778	6,908	3,088	2,780	5,635	7,719	1,364
Switzerland	5,476	5,367	15,030	18,952	10,949	3,690	4,438	7,119	5,962	647
Sweden	1,722	1,159	3,401	20,164	12,432	2,621	2,663	2,681	6,077	630
Finland	771	191	749	10,164	11,678	1,682	1,376	1,295	3,657	309
Norway	1,129	513	1,192	13,327	9,566	3,193	1,387	2,314	3,401	488
Denmark	2,117	345	1,017	8,020	8,484	1,256	925	2,219	3,676	369
Belgium	5,057	3,405	6,164	23,296	8,205	2,537	2,404	4,642	7,083	842
Austria	1,282	471	2,780	10,274	6,325	974	764	1,386	1,784	278
Greece	930	584	2,260	13,938	5,978	2,639	1,052	2,348	2,590	349
Portugal	1,135	215	1,074	11,240	5,161	3,026	690	1,616	2,175	359
Eire	2,571	295	440	18,104	3,311	1,892	823	2,650	2,536	529

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

NAME: Financial Times

CIRCULATION: 248,854

FREQUENCY: Daily, Monday to Saturday, inclusive.

PROFILE: Britain's leading daily financial newspaper. High AB readership. Reqiured reading by leading executives in pan-European companies. Gives comprehensive daily coverage and comment on world business and public affairs.

International edition is published in Frankfurt, New York and Paris. It is the most widely read pan-European business daily newspaper in Europe (Source: European Businessman Readership Survey 1989). Highly regarded and very authoritative.

2048810071

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

NAME: Wall Street Journal Europe

CIRCULATION: 42,141

FREQUENCY: Daily, Monday to Saturday, inclusive

PROFILE: The Wall Street Journal Europe circulates throughout Western Europe, Middle East and Northern Africa, though its main areas are the UK, Western Germany, Switzerland and Sweden.

It is an offshoot of the US edition, and has a high AB readership mainly among American multi-national business executives in Europe.

2048810072

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

NAME:	International Herald Tribune
CIRCULATION:	165,000
FREQUENCY:	Daily, Monday to Saturday, inclusive
PROFILE:	The International Herald Tribune with its editorial headquarters in Paris is distributed all over Europe (Including Eire), Middle East, Northern Africa, Far East and USA. The paper predominantly reaches AB business executives in multi-national corporations. It is strong on North American news.

2048810073

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

NAME: International Management

CIRCULATION: 380,924

FREQUENCY:

PROFILE: A general business monthlycovering the economic environment throughout Europe, with emphasis on people, technology, EC (Brussels) policy-making and international trade and alliances. Owned by the American publishing venture, Reed, its coverage is pan-European in outlook.

2048810074

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

NAME: The Economist

CIRCULATION: 380,924

FREQUENCY: Weekly, comes out on Fridays

PROFILE: Britain's only weekly news magazine with a strong circulation in Continental Europe.

It is the most prestigious current affairs magazine in Britain and covers politics, finance, business and science. It gives global coverage to events. Behind the scenes, the Economist is supported by strong research-based departments which produce authoritative surveys and reports right on topics as wide ranging as automobile manufacturing to travel and tourism.

It has a strong independent editorial stance and is only interested in covering stories of a generic European or global nature.

2048810075

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

NAME: TIME

CIRCULATION: 5,431,000

FREQUENCY: Weekly

PROFILE: Created in 1923, TIME offers a well organised over-view of the week's news plus provocative in-depth analysis on key issues and trends.

From over 30 editorial bureau around the world TIME provides extensive and authoritative coverage on wide ranging issues.

Every week TIME sells over 5.4 million copies reach 30 million men and women in 176 countries.

2048810076

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

NAME: Fortune

CIRCULATION: 780,000

FREQUENCY: 26 time per year

PROFILE: Fortune looks at the world economy as a whole. It provides readers with coverage of the major global business trends. It highlights the connections between North America, Europe and Asia. Fortune has a significant number of stories on strictly international subjects.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

NAME:	Newsweek International
CIRCULATION:	Atlantic - 328,400 Latin America- 61,258 Asia- 214,630 US Edition- 3,227,522
FREQUENCY:	52 times per year
PROFILE:	Most quoted news magazine covering world politics, business, finance, the arts and sciences. Sold in over 190 countries.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

NAME: BusinessWeek International

CIRCULATION: 110,605

FREQUENCY: Weekly

PROFILE: With 84% of readers in senior management, BusinessWeek covers international developments with regular features covering international news, American News, economic analysis. Gives business and industry profiles.

BusinessWeek International's parent company, McGraw-Hill, provides comprehensive data bases, including Standard and Poor's and Data Resources Inc. Access to these sources gives BusinessWeek International a vital edge in statistical journalism.

BusinessWeek International's "special reports" are well known for their meticulous research and accurate analysis.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

NAME: Harvard Business Review

CIRCULATION: 210,000

FREQUENCY: bi-monthly

PROFILE: For decision makers world-wide. HBR has a responsibility to provide opinions on important issues in a straight forward and timely manner. HBR keeps active to inform top management on important developments, new ideas and significant trends in business management, thought, theory and practice.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

2048810081

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

6.2) Health and science correspondents on pan-European publications

2048810082

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

6.2) Health and science correspondents on pan-European publications

Alan Pike Esq
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1 Southwark Bridge
London SE1 9WL
England
Tel: 44 71-873 3000

Tony Horwitz Esq
Wall Street Journal (Europe)
International Press Centre
76 Shoe Lane
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England
Tel: 44 71-334 0006

Ms Catherine Knorr
International Herald Tribune
181 Avenue Charles de Gaulle
Neuilly, 92200
Paris
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Tel: 331 4637 9300

William Mader Esq
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Time Life Building
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Tel: 44 71-839 7000

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International Management
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2048810083

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

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Rick Melcher Esq
Business Week Intl.
34 Dover Street
London W1X 4BR
England
Tel: 44 71-491 8985

Bob Howard Esq
Harvard Business Review
Soldiers Field
Boston
Mass
USA
Tel: 0101 617 495 6800

John O'Loane (General Ed.)
SKY News
SKY TV PLC
6 Centaurs Business Park
Grant Way
Isleworth
Middlesex TW7 5QD
England
Tel: 44 71-782 3000

2048810084

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

2048810085

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

6.3) Aviation correspondents on pan-European publications

2048810086

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

Aviation correspondents on pan-European publications

Mr Charles Alcock
Airports International (UK).
1 Heron Quay
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E14 9XF
Tel: 071 987 6999

Ms Kathy Arnst
Reuters (UK).
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Tel: 071 250 1122

Mr Warren Getler
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63 Long Acre
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Tel: 071 836 4802

Mr Allen Winn
Flight International (UK).
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The Quadrant
Sutton
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Tel: 081 661 3882

Mr Paul Betts
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Mr Allan Winn
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Sutton
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SM2 5AS
Tel: 081 661 3882

2048810087

Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

Mr Richard Rolfe
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CR3 2NX

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Mr Peter Elsom
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SW1P 1BZ

Tel: 071 828 8989

Ms Gill Williams
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21 Heathmans Road
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SW6 4TJ

Tel: 071 371 9000

Mr Ian Answorth
Editor
Travel Trade Gazette (Europa).
Morgan-Grampian House
30 Calderwood Street
London SE18 6QH

Tel: 081 855 7777

Mr Alison James'
Editor
Airport Inc. Publications
38 St John's Street
London
EC1M 4AY

Tel: 071 251 8798

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

Brussels Based Correspondents

Mr Corrado Sellaroli	Brussels based correspondent of ANSA, the Italian newswire.
Ms Carol Hazlewood	Brussels based correspondent of Travel Trade Gazette Europa (UK).
Mr Tim Dixon	Brussels based correspondent of the Financial Times.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

6.4) Sympathetic European columnists

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

Europe

Trish Hall	Wall Street Journal
Donald McDonald	" " "

UK

John Rodda	The Guardian
David Miller	The Times
Richard Evans	The Times
Kevin Brown	Financial Times
David McDonald	Campaign
Rufus Olins	Marketing
Roland Gribben	Daily Telegraph
Ian Murray	freelance
Auberon Waugh	The Spectator
Philip Purser	Sunday Telegraph
Bernard Levin	The Times
Rowena Webster	Sunday Times
Digby Andersen	The Times
Michael White	The Guardian
Egon Ronay	Sunday Times

France

Veronique Queffelec	Liberation
Michel de Pracontal	L'evenement du jeudi
Francois Landon	" " "
Pierre Vandeginste	" " "
Martine Gozlan	" " "
Wole Soylnka	Liberation (Literature Nobel Prize Winner)

Italy

Giovanni Maria Pace	L'Espresso
Fabrizio Filosa	Altro Consumo
Marina Macelloni	" "
Silvana Bevione	Panorama
Geno Pampaloni	Il Tempo
Vittorio Frosini	Il Tempo

Switzerland

Olivier Rapin	Chambre Vaudoise du Commerce et de l'Industrie
Victor Fingal	Le Matin

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

Netherlands

W Lary	Holland Herald

Australia

Michael Pirrie	The Age

USA

Bill Lewis	News Journal (Tennessee)
James Kilpatrick	Nation's Business
S.S. Scott	New York Times
Steve Blickstein	Freelance
Elizabeth Whelan	Advertising Age
Phillip Lapate	New Age Journal
Robert Fliss	Richmond Business Journal
Ann Giudici	Fettner Voice
Sid Berstein	Advertising Age
Russell Baker	NY Times Magazine
William E Geist	NY Times (Service)
Daniel McDonald	Alabama Sum
Todd Wilbertson	Richmond Times
Richard B McKenzie	St Louis Dispatch
Steve Hall	College Boulevard News
Carl Rowan	The Star-Ledger
Robert J Samuelson	Newsweek

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

6.5) Visiting journalists to Neuchâtel

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

THE SCIENCE

7.1 ETS and public health paper

7.2 ETS presentation

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

7.1) ETS and public health paper

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

20 December 1989

Environmental Tobacco Smoke and Public Health

For several decades there has existed a broad consensus that tolerance and mutual respect can effectively accommodate the interests of smokers and nonsmokers. Although there may have been occasional instances of rudeness — by smokers and nonsmokers alike — it has been generally accepted that each individual should make an educated choice and then respect the rights of others to make their own judgments. As it has for so many other differences in diverse societies, common courtesy has reconciled the interests of smokers and non-smokers alike.

Recently, however, this consensus has eroded. Antismoking groups have frequently been unsuccessful in their campaigns to persuade smokers to stop. Confronted by such resistance, they have increasingly sought to force individuals to halt by seeking to ban smoking in public buildings and workplaces. Although some such groups freely admit that their real goal is to make it as difficult as possible for anyone to continue to smoke, others assert that they are acting out of concern for the health of nonsmokers. They argue that nonsmokers may suffer adverse health effects from exposure to tobacco smoke in the air, which is sometimes called environmental tobacco smoke, or "ETS". As a result, the public increasingly hears shrill and emphatic claims about the alleged health effects of ETS. Often these take the form of isolated anecdotes or fragmentary accounts. Not surprisingly, the truth is both more complex and far different than smoking opponents will acknowledge.

This paper describes the existing scientific evidence around the world regarding ETS and the public health. It summarizes the numerous studies regarding ETS and lung cancer, and it describes the extensive research that has been conducted on such health issues as heart disease, respiratory conditions, asthma, and allergies. It assesses the current state of scientific knowledge, and explains the implications of that knowledge for public policy. It does not claim to represent the final word on the issue — science is never static, and much more research is yet to be performed. It does, however, provide a balanced perspective on what is all too often presented as a one-sided and distorted discussion of ETS and public smoking.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

Nonsmokers' Exposure to Tobacco Smoke

Public debates about ETS are sometimes dominated by anecdotes about individuals who sit for several hours in tiny smoke-filled chambers where a series of machines puff away on an endless series of cigarettes. In this as in all areas, however, public policy must be based on typical conditions in everyday life — not on exceptional conditions that rarely recur. A first question, therefore, is how much exposure to ETS do typical nonsmokers really experience?

For several years a number of scientists have sought to estimate exposure to ETS by observing and testing everyday working environments. Although much work remains to be done and serious questions exist about some of the methodologies that have been used, even the studies hostile to smoking generally show that nonsmokers typically have only minimal exposure to ETS. Many such studies draw comparisons with active smokers which, although questionable as a matter of scientific methodology, still illustrate how very small is the typical exposure. For example, a recent study in Canada showed that a nonsmoker would have to spend 260 hours in an average office to be exposed to the amount of nicotine contained in one cigarette.[1]

This result was not in any way atypical: other studies have shown that on average a nonsmoker is exposed to no more than one-quarter of one percent of the smoke inhaled by an active smoker.[2] A report of the U.S. National Academy of Sciences compared ETS exposure over 8 hours with the exposure of a pack-a-day smoker, and concluded that as a result of ETS exposure a nonsmoker might inhale "approximately 0.005% to 0.26% of the amount of tar deposited in the active smoker's lungs after smoking 20 cigarettes.[3]

Faced with these facts, smoking opponents have argued that ETS is somehow more toxic than the smoke inhaled directly by smokers. They claim that the smoke from the burning end of a cigarette — called "sidestream" smoke — contains higher amounts of some potentially harmful constituents than the "mainstream" smoke inhaled by smokers. To support this assertion, they have relied on laboratory tests using smoking machines and enclosed chambers, where smoke constituents are measured at a distance of only a few centimetres from the end of a burning cigarette.

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1. J. Carson and C. Erickson, "Results From Survey of Environmental Tobacco Smoke in Ottawa, Ontario," Env. Technology Letters 9 (No. 6) 501-08 (June 1988).

2. Committee on Passive Smoking, Board on Environmental Studies and Toxicology, National Research Council, Environmental Tobacco Smoke. Measuring Exposures and Assessing Health Effects 125-126 (1986); A. Arundel, T. Irwin, and T. Sterling, "Non-smoker Lung Cancer Risks from Tobacco Smoke Exposure: An Evaluation of Repace and Lowrey's Phenomenological Model," I. Environmental Science & Health 4:93-118 (1986).

3. Id., Committee on Passive Smoking.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

Such experiments are simply not realistic, however. In normal life, sidestream smoke is not collected in small chambers; instead, it initially exists only in small amounts and then is immediately diluted in the surrounding air. In fact, scientists estimate that under such normal conditions, ETS constituents such as nicotine exist in amounts equal to less than 1/100th of those found in mainstream smoke.[4]

As the foregoing discussion suggests, inhaling ETS is far different than smoking a cigarette. Although more needs to be learned about these differences, it is quite clear that the levels of smoke constituents that one encounters in ETS are extraordinarily low compared to active smoking.

ETS and Cancer

Of all of the health claims made about ETS, none has received greater attention than the possibility of a link with cancer — both lung cancer and other forms as well. It would be unfair to assert that this research has reached its final culmination: there is a need for ongoing work, which will continue to add to our understanding of ETS. At present, however, there is no persuasive evidence that exposure to ETS significantly increases the risk of cancer. As the American Cancer Society in the U.S. recently recognized with respect to lung cancer, "the currently available evidence is not sufficient to conclude that passive or involuntary smoking causes lung cancer in nonsmokers * * * *"[5]

Lung Cancer. The American Cancer Society reached its conclusion despite the suggestions in some other studies that exposure to ETS can increase a nonsmoker's risk of contracting lung cancer by 35 to 40 percent.[6] This fact underscores one of the principal difficulties in making sense of existing scientific research. In any area of scientific research there are frequently conflicting studies and inconclusive results — the recent, dramatic public debate about nuclear "cold" fusion provides a perfect example. It is therefore essential that scientists follow fundamental maxims of research, reaching conclusions only after considering all the factors

4. M. Muramatsu, et al., "Estimation of Personal Exposure to Ambient Nicotine in Daily Environment," Arch. Occup. Environ. Health 59: 545-50 (1987); M. Muramatsu, et al., "Estimation of Personal Exposure to Tobacco Smoke with a Newly Developed Nicotine Personal Monitor," Environ. Research 35: 218-27 (1984).

5. American Cancer Society, General Facts on Smoking and Health 3 (1988).

6. United States Department of Health and Human Services, The Health Consequences of Involuntary Smoking: A Report of the Surgeon General (1986); Committee on Passive Smoking, Board on Environmental Studies and Toxicology, National Research Council, Environmental Tobacco Smoke: Measuring Exposures and Assessing Health Effects (1986).

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that may contribute to the development of a disease such as lung cancer. As discussed below, when all of these relevant factors are taken into account, the only fair conclusion, as the Cancer Society found, is that the supposed link between ETS and lung cancer remains unproven.

The discussion in the scientific community began in earnest in 1981. That year witnessed the publication of two studies that received widespread attention — one by Dr. Takeshi Hirayama of the National Cancer Centre Research Institute in Japan,[7] and another by Dr. Dimitrios Trichopoulos at the University of Athens in Greece.[8] Both studies purported to find that nonsmoking wives of smokers face an increased risk of lung cancer.

Since the publication of these two studies, however, most subsequent studies have concluded that there is no statistically-significant relationship between ETS and lung cancer. Numerous scientists have concluded that the early Hirayama and Trichopoulos studies were both marred by errors which rendered their conclusions unreliable. Once these errors are corrected, the available evidence fails to prove any significant relationship between ETS and lung cancer.

Virtually all scientists now agree that a study of ETS will be reliable only if it controls carefully for all other important variables that might cause lung cancer. These factors include poor diet and fitness, and occupations that expose workers to indoor and outdoor air pollution. These variables are particularly important because individuals who smoke are not randomly distributed in society. In some countries, families with smokers tend to fall disproportionately in lower income classes, where diet is often not as healthy and there is a greater chance of employment in an occupation with exposure to air pollution.

Researchers have found that the original Hirayama and Trichopolous studies were biased by a failure to account properly for these other variables. For example, a recent Hong Kong study showed that the wives of smokers were typically less wealthy and had less "healthy" lifestyles than the wives of nonsmokers. The wives of smokers had diets consisting of more processed foods and fewer fresh fruits and vegetables. As a result, according to this research, a failure to account for these factors biased Hirayama's research results.[9]

In addition, scientists have found that lung cancer — like all cancers — tends most often to afflict those of an advanced age. Thus, when comparing two population groups, one must

7. T. Hirayama, "Non-Smoking Wives of Heavy Smokers Have a Higher Risk of Lung Cancer," Br. Med. J. I, 282: 183-85 (1981).

8. D. Trichopoulos, et al., "Lung Cancer and Passive Smoking," Int. J. Cancer 27(1): 1-4 (1981).

9. L.C. Koo, "Dietary Habits and Lung Cancer Risk Among Chinese Females in Hong Kong Who Never Smoked," Nutr. Cancer 11: 155-72 (1988).

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compare groups with closely similar age distributions. In 1988, two reports for a conference in the United Kingdom found that the Hirayama study had failed to divide the study population into appropriate age groups. The reports found that when such age bias was removed, the purported risk to nonsmoking wives disappeared completely.[10]

Further, exposure to air pollution may be a significant factor in biasing research on the causes of lung cancer. For example, one recent study of Chinese women found a significant correlation between the risk of lung cancer and the extent to which the women had been exposed on an extended basis to cooking oil vapours.[11] Because the 1981 Hirayama and Trichopolous studies failed to account for exposure to air pollution, they ignored an important variable that may have substantially distorted the research findings.

Another basic flaw in the Hirayama study was the absence of reliable information on smoking status. The Hirayama study determined the smoking habits of women and their husbands by use of a questionnaire. The subjects were polled only once, with no effort to update the original data. Thus, if someone stopped or started smoking even a week after completing the questionnaire, this was never discovered or considered.

Hirayama also made no effort to verify the accuracy of the questionnaire's classification of nonsmokers. A British researcher, Peter Lee, has published a series of papers studying potential misclassification problems in questionnaires that ask respondents to state whether they smoke.[12] He has found that up to ten percent of subjects who claimed never to have smoked made inconsistent statements on other occasions, and that the percentage is even higher in questionnaires that ask whether individuals have stopped smoking.[13] Lee found that even if only five percent of the reported nonsmokers had answered a questionnaire incorrectly, this would lead researchers falsely to conclude that ETS increased the risk of developing lung cancer by 44 percent.[14] In fact, for women married to husbands who smoked one to 14 cigarettes per day, the Hirayama study concluded that ETS increased the risk of lung cancer by 42 percent; for women married to husbands who smoked 15-19 cigarettes per day, Hirayama

10. W. Ahlborn and K. Uberla, "Passive Smoking and Lung Cancer: Reanalyses of Hirayama's Data," in Indoor and Ambient Air Quality, (R. Perry and P.W. Kirk, eds.) 169-78 (London: Selper Ltd., 1988); S.J. Kilpatrick and J. Viren, "Age as a Modifying Factor in the Association Between Lung Cancer in Non-smoking Women and Their Husbands' Smoking Status," in Indoor and Ambient Air Quality, 195-202.

11. Gao, et al., "Lung Cancer Among Chinese Women," Int. J. Cancer 40: 604-09 (1987).

12. The conclusions from these papers have recently been published in a monograph. P. Lee, Misclassification of Smoking habits and Passive Smoking: A Review of the Evidence (Int. Archives of Occ. and Environ. Health Supp. 1988).

13. Id. at 62.

14. Id.

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

estimated that the risk increased by 58 percent. In other words, inaccurate responses to Hirayama's questionnaires could account for virtually the entire increase in the reported risk of developing lung cancer.

Research into the health effects of ETS continues, and some of the more recent studies have made important advances in improving upon the methodologies utilized in the Hirayama and Trichopolous studies. These include two recent studies that, for the first time, have incorporated microscopic work to identify the types of cancers involved. Dr. Linda C. Koo at the University of Hong Kong has headed a series of research efforts that have combined the work of a pathologist to identify cancers with strict controls to separate the effects of other variables such as age and diet.[15] The research by Dr. Koo and her colleagues led to several conclusions. Most important, it determined that when problems of misdiagnosis and independent variables were removed, ETS exposure in the home and at work had no statistically significant impact on the incidences of lung cancer.[16]

Researchers with the American Cancer Society in New York have conducted similarly thorough cancer research. A team of researchers headed by Dr. Lawrence Garfinkel worked with a pathologist who reviewed for each patient a series of medical slides of actual cancer cells. This review showed that overall there was no statistically significant increase in the risk of lung cancer for nonsmoking women married to smokers. Indeed, ETS caused even a marginally significant risk increase for only one subgroup — women married to men who smoke more than 20 cigarettes per day.[17]

These recent studies cast substantial doubt on the validity of the 1981 research that sparked the ongoing debate on the effects of ETS. In a 1987 article, a German scientist reviewed all of the research conducted since 1981 and concluded that "the major trend of the evidence" does not support the argument that ETS causes lung cancer.[18] Indeed, the article noted that "all studies with positive associations [between ETS and lung cancer] can just as well be explained

15. L.C. Koo, et al., "Is Passive Smoking an Added Risk for Lung Cancer in Chinese Women? J. Experimental and Clinical Cancer Research 3(3): 277-83 (1984); L.C. Koo, et al., "Measurements of Passive Smoking and Estimates of Lung Cancer Risk Among Non-Smoking Chinese Females," Int. J. Cancer 39: 162-69 (1987); L.C. Koo, et al., "Life-History Correlates of Environmental Tobacco Smoke: A Study on Nonsmoking Hong Kong Chinese Wives with Smoking Versus Nonsmoking Husbands," Soc. Sci. Med. 26(7): 751-60 (1988); L.C. Koo, "Dietary Habits and Lung Cancer Risk Among Chinese Females in Hong Kong Who Never Smoked," Nutr. Cancer 11: 155-72 (1988).

16. Id.

17. L. Garfinkel, et al., "Involuntary Smoking and Lung Cancer," J. Nat. Cancer Inst. 75(3): 463-69 (1985).

18. K. Uberla, "Lung Cancer From Passive Smoking: Hypothesis or Convincing Evidence?" Int. Archives of Occ. and Environ. Health 59: 421-37 (1987).

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Source: https://www.industrydocuments.ucsf.edu/docs/nhgl0000

by chance, bias, confounding or misclassification."[19] Joining with the conclusion of others, this further indicates, as the American Cancer Society concluded, that "the currently available evidence is not sufficient to conclude that passive or involuntary smoking causes lung cancer in nonsmokers * * * *[20]

Other Cancers. In comparison to lung cancer, scientists have devoted less attention to the role of ETS in other types of cancer. This is not surprising since — in comparison to the lungs — the other parts of the human body are not as directly exposed to tobacco smoke. Thus, it seems even less likely that ETS could play a strong role in causing cancer in other parts of the body.

Dr. Hirayama has devoted the most attention to other types of cancers. His research showed no relationship between ETS and cervical cancer, but purportedly higher risks for cancers in the nose and brain.[21] Other scientists, however, have found the suggestion of such increased risks to be counter-intuitive at best. Scientists have not found that active smoking increases the risk of brain or nose tumours. Therefore, it seems highly implausible that non-smokers exposed to the low levels of constituents found in ETS should confront higher risks of such diseases.

A more logical explanation for Hirayama's conclusion lies once again with the flaws in his underlying research. As with the conclusions on lung cancer, Hirayama's data are distorted by the failure to account for other factors and the strong prospect of misreporting on questionnaire responses. There is thus good reason to reject Hirayama's conclusions, as did the U.S. National Research Council in 1986. The Council reviewed all of the available studies and concluded that "there is no consistent evidence at this time of any increased risk from ETS exposure for cancers other than lung cancer."[22]

Other Diseases

Scientists have also focused their attention on the possibility of a relationship between ETS and other types of diseases. As with cancer, however, there is no conclusive evidence that ETS actually plays any significant role in causing other diseases.

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19. Id.

20. American Cancer Society, General Facts on Smoking and Health 3 (1988).

21. T. Hirayama, "Non-Smoking Wives of Heavy Smokers Have a Higher Risk of Lung Cancer," Br. Med. J. I, 282: 183-85 (1981).

22. Committee on Passive Smoking, Board on Environmental Studies and Toxicology, National Research Council, Environmental Tobacco Smoke: Measuring Exposures and Assessing Health Effects (1986).

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Heart Disease. Numerous scientists have examined the possibility of a relationship between ETS and heart disease. Their research does not support a causal link between ETS exposure and heart disease — a fact recognized even by the U.S. National Academy of Sciences. According to the National Academy's 1986 report which reviewed all available research, there is no evidence among healthy individuals of any "statistically significant effects due to ETS exposure."[23] Nor is there any "evidence of serious harm in people with heart disease."[24]

Several scientific studies have evaluated the possible effects of ETS on healthy children and adults. The 1986 National Academy of Sciences report reviewed five such studies that evaluated individuals with and without exposure to ETS. According to the report, the studies showed that "[t]here were no significant changes * * * in heart rate or blood pressure in school-aged children or in adult men and women."[25] The National Academy also concluded that " [d]uring exercise there was no difference in the cardiovascular changes for men and women between conditions of exposure to ETS and control conditions."[26]

Scientists also have evaluated whether exposure to ETS causes increases in carbon monoxide levels in the blood. High carbon monoxide levels — if found — could increase the risk of heart disease. Four scientific studies have measured the effects of ETS in a variety of locations, including aircraft, restaurants, offices, and even the closed environment of a submarine.[27] These studies have failed to detect any increase in carbon monoxide levels in non-smokers. Similarly, the National Academy of Sciences in 1986 reviewed several studies that had analyzed

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23. Committee on Passive Smoking, Board on Environmental Studies and Toxicology, National Research Council, Environmental Tobacco Smoke: Measuring Exposures and Assessing Health Effects 265 (1986) [hereinafter National Academy Report].

24. Id. at 266.

25. Id. at 259.

26. Id. at 265.

27. M.J. Jarvis, et al., "Absorption of Nicotine and Carbon Monoxide from Passive Smoking Under Natural Conditions of Exposure," Thorax 38: 829-33 (1983); D. Foliart, et al., "Passive Absorption of Nicotine in Airline Flight Attendants," N. Engl. J. Med. 308: 1105 (1982); A. Seppanen, et al., "Carboxyhegemoglobin Saturation in Relation to Smoking and Various Occupational Conditions," Ann. Clin. Res. 9: 201-68 (1977); N.F. Lightfoot, "Chronic Carbon Monoxide Exposure," Proc. R. Soc. Med. 65: 798-99 (1972).

28. National Academy Report, at 258, evaluating T.E. Dahms, et al., "Passive Smoking: Effects on Bronchial Asthma," Chest 80: 530-34 (1981); R. Huch et al., "Risks the Passive Smoker Runs," Lancet 2: 1376 (1980); C. Hugod, et al., "Exposure of Passive Smokers to Tobacco Smoke Constituents," Int. Arch. Occup. Environ. Health 41: 145-49 (1978); P.E. Pimm, et a;., "Physiological Effects of Acute Passive Exposure to Cigarette Smoke," Arch. Environ. Health 33: 201-13 (1978); E. Polak, "Le papier a cigarette. Son role dans la pollution des lieux habites. Tabagisme passif: Notion nouvelle precise," Brux. Med. 57:335-40 (1977); A. Seppanen, et al., "Carboxyhegemoglobin Saturation in Relation to Smoking and Various Occupational Conditions," Ann. Clin. Res. 9: 201-68 (1977).

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the effects of ETS in experimental situations.[28] These showed an average increase in carbon monoxide of less than one-half of one percent. This is less than one-twentieth of the increase sometimes observed in active smokers.

In light of these studies, two German researchers concluded in 1984 that "there is little evidence" to suggest that substances found in ETS "may adversely affect the cardiovascular system."[29] This echoed the conclusions of a Geneva Symposium on ETS one year earlier, which noted that "carbon monoxide from environmental tobacco smoke is not important from a health point of view."[30]

Finally, scientists have conducted epidemiological studies to assess whether ETS increases the risk of heart disease. These provide conflicting results. Three studies since 1984 have found that there is no significant association between ETS and heart disease.[31] Nonetheless, some antismokers have argued that two other studies support a contrary view. In the first study,[32] however, all of the data showed either that ETS had no significant effect or only slight effects that were of no more than borderline (and therefore questionable) significance. The second study relied on a 1963 census in a Maryland county and subsequent review of death certificates.[33] This study reported a small increase in the risk of heart disease among nonsmokers living with smokers, but qualified this finding because of the researchers' inability to account for changes in behavior over time and other important factors. As the authors themselves noted, "other factors such as diet and exercise might differ in families with and without smokers; we cannot ignore the possibility that such differences could influence our findings."[34]

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29. H. Schievelbein and F. Richter, "The Influence of Passive Smoking on the Cardiovascular System," Prev. Med. 13(6): 626-44 (1984).

30. R. Rylander, "Workshop Perspectives," ETS-Environmental Tobacco Smoke: Report From a Workshop on Effects and Exposure Level (R. Rylander, et al, eds.), in Eur. J. Respir. Dis. (Suppl. 133(65): 143-45 (1984).

31. P. Lee, et al., "Relationship of Passive Smoking to Risk of Lung Cancer and Other Smoking-Associated Diseases," Brit. J. Cancer 54: 97-105 (1986); C. Garland, et al., "Effects of Passive Smoking on Ischemic Heart Disease Mortality of Nonsmokers," Am. J. Epidemiol. 121(5): 645-50 (1985); C. Gilis, et al., "The Effect of Environmental Tobacco Smoke in Two Urban Communities in the West of Scotland," in ETS-Environmental Tobacco Smoke: Report From a Workshop on Effects and Exposure Level (R. Rylander, et al, eds.), in Eur. J. Respir. Dis. (Suppl. 133(65): 121-26 (1984).

32. K. Svendsen, et al., "Effects of Passive Smoking in the Multiple Risk Factor Intervention Trial," Am. J. Epidemiology 126(5): 783-95 (1987).

33. K.J. Helsing, "Heart Disease Mortality in Nonsmokers Living With Smokers," Am. J. Epidemiology 127(5): 915-22 (1988).

34. Id.

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In sum, the epidemiological evidence supporting a causal link between ETS exposure and heart disease remains very weak. The studies that might be used to show such a link must be either qualified severely or rejected outright because of conflicting results or the failure to isolate all of the important variables. Moreover, these reports must be compared to the three other studies that show, in the words of the National Academy of Sciences, "no evidence of statistically significant effects due to ETS exposure* * * *"[35]

Respiratory Symptoms. Although other health issues have not received the same attention as cancer and heart disease, five scientific studies have addressed the relationship in adults between ETS and respiratory problems. On balance, these studies fail to show a causal relationship between exposure to ETS and respiratory ailments in otherwise-healthy adults.

Three major studies have found that there is no "statistically significant reduction of pulmonary function in passive smokers."[36] A 1988 update of one of these studies further confirmed this view, concluding that "there is no evidence that average everyday passive smoke exposure in the office or at home leads to an essential reduction of lung function in healthy adults."[37]

Antismoking groups frequently respond to this research by arguing that a 1980 study[38] supports a connection between ETS and respiratory problems in the workplace. A closer review of the evidence, however, shows that this is not the case. This study contained numerous flaws, including nonstandardized questionnaires and unsupervised reporting. These and other problems led even the U.S. Surgeon General to criticize the report, stating that its classification procedures were "crude and did not account for people who changed jobs. It is unclear how the ex-smokers in the population were handled in the analysis."[39]

The other principal study cited by antismokers[40] contains comparable flaws — including data

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35. National Academy Report, supra, at 265.

36. M. Kentner, et al., "The Influence of Passive Smoking on Pulmonary Function — A Study of 1351 Office Workers," Prev. Med. 13: 656-69 (1984), referring to R.S.F. Schilling, et al., "Lung Function, Respiratory Disease, and Smoking in Families," 106: 274:83 (1977), and G.W. Comstock, et al., "Respiratory Effects of Household Exposure to Tobacco Smoke and Gas Cooking," Am. Rev. Respir. Dis. 142(2): 143-48 (1981).

37. M. Kentner and D. Wetle, "Passive Tobacco Smoke Inhalation and Lung Function in Adults," Indoor and Ambient Air Quality (R. Perry and P.W. Kirk eds.) 232-41 (1988).

38. J.R. White and H.F. Froeb, "Small-Airways Dysfunction in Nonsmokers Chronically Exposed to Tobacco Smoke," N. Engl. J. Med. 302: 702-23 (1980).

39. United States Department of Health and Human Services, The Health Consequences of Involuntary Smoking: A Report of the Surgeon General 60 (1986).

40. F. Kauffmann, et al., "Adult Passive Smoking in the Home Environment: A Risk Factor for Chronic Airflow Limitation," Am. J. Epidemiol. 117: 269-80 (1983).

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results that seem to be simply implausible. For example, based on this survey, it appears that men exposed to light amounts of ETS actually have better respiratory symptoms than men who are exposed to no ETS at all.

Even the U.S. Government has twice concluded that there is no convincing evidence that ETS causes lung problems in adults. In 1983 a Government workshop found that the available research on "the effect of passive smoking on the respiratory system suggests that the effect varies from negligible to quite small."[41] Three years later even the U.S. Surgeon General concurred, stating that "[t]he small magnitude of effect implies that a previously healthy individual would not develop chronic lung disease solely on the basis of involuntary tobacco smoke exposure in adult life."[42]

Asthma. Only a few studies have assessed the possibility of a relationship between ETS exposure and asthma. Although anecdotal accounts abound — both supporting and rejecting such a relationship — at present there exists no persuasive scientific evidence in support of any conclusion on the issue.

The four existing studies on asthma restricted themselves to only a small number of subjects — varying from only 14 to 23 patients.[43] These studies exposed asthmatic patients to ETS in a closed chamber, typically for an extended period of time. The most recent (and sophisticated) of these studies found that despite a "severe simulation of passive smoking, beyond what normally occurs in the majority of social or occupational environments," exposure to ETS caused "no acute respiratory risk" to asthmatic patients."[44]

The other three studies varied, with two finding no relationship between ETS and asthma and the third[45] — with 16 patients — finding that ETS increased asthmatic conditions. As the Surgeon General stated, however, in the latter study the test "subjects were put in a small chamber, were "not blinded as to the exposure and were selected because of complaints about

41. United States Department of Health and Human Services, Report of Workshop on Respiratory Effects of Involuntary Smoke Exposure: Epidemiological Studies, May 1-3, 1983 (1983).

42. United States Department of Health and Human Services, The Health Consequences of Involuntary Smoking: A Report of the Surgeon General 62 (1986).

43. H.P. Weidemann, et. al, "Acute Effects of Passive Smoking on Lung Function and Airway Reactivity in Asthmatic Subjects," Chest 89(2): 180-85 (Feb. 1986); T.E. Dahms, et. al, "Passive Smoking: Effects on Bronchial Asthma," Chest 80(5): 530-34 (1981); R.J. Shepard, et. al, "'Passive' Exposure of Asthmatic Subjects to Cigarette Smoke," Env. Research 20(2): 392-402 (1979); ; P.E. Pimm et. al, "Physiological Effects of Acute Passive Exposure to Cigarette Smoke," Archives of Env. Health 33(4): 201-13 (1978).

44. Weidemann, supra.

45. Dahms, supra.

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smoke sensitivity."[46] In light of these biases, it is hardly surprising that this research showed a much stronger causal relationship than the others.

In the final analysis, it is simply not possible to reach any definitive conclusions about ETS and asthma. The number of examined patients has been too small, and the experimental conditions too unrealistic. While the weight of existing evidence indicates that ETS poses no additional significant risk for individuals with asthma, the final word must await additional research.

Allergies. Finally, vocal complaints about the sight and smell of tobacco smoke have prompted some to speculate that some individuals might actually be allergic to ETS. Nonetheless, despite these complaints, scientists have not been able to confirm that any such allergies exist. For example, a 1980 study determined that "direct evidence that tobacco smoke is immunogenic [capable of causing a specific response] in man is yet to be determined."[47] Another more recent study, completed in 1986, reached this same conclusion.[48]

The primary research in support of allergic reactions to ETS was based on the use of tobacco leaves, not tobacco smoke.[49] This research exposed test subjects to tobacco leaf extract and tested for allergic skin responses. The flaw in this approach, however, was documented by an English immunologist who pointed out the "great difficulties" involved in predicting allergies to tobacco smoke on the basis of reactions to tobacco leaves.[50] Recent research confirms this point, showing that there is no association between tobacco leaf sensitivity and respiratory difficulties in allergic asthmatics.[51]

As indicated by this review, despite the broad assertions of antismoking groups, there simply is no firm scientific basis for concluding that ETS causes health problems for nonsmokers. Scientific research should and will continue. Increasingly, however, this additional research underscores the absence of health problems resulting from ETS — and not the other way around. Thus, it is simply unfair to claim — as antismoking groups increasingly do — that other peoples' tobacco smoke presents a danger for nonsmokers.

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46. Surgeon General's Report, supra, at 65.

47. S. Lehrer, et. al, "Immunogenicity of Tobacco Smoke Components in Rabbits and Mice," Int. Arch. Allergy Appl. Respir. 62: 16-22 (1980).

48. S. Lehrer, et. al, "Tobacco Smoke Sensitivity: A Result of Allergy?," Ann. Allergy 56: 1-10 (1986).

49. G. Bylin, "Tobaksallergi — finns den?," Lakartidningen 77(16): 1530-32 (1980); K. Tibbling, "Elicitation of Bronchial Asthma with Tobacco Extract," Abstracts of the 4th World Conference on Smoking and Health (June 18-21, 1979); I. Stahle and L. Tibbling, "Tobaksallergi hos Patienter Med Asthma Bronchiale," Lakartidningen 75(17): 1711-13 (1978).

50. G. Taylor, "Tobacco Smoke Allergy — Does It Exist?," Scand. J. Respir. Dis. Suppl. 91: 50-55 (1974).

51. R.P. Stankus and S.B. Lehrer, "Inhalation Challenge Studies on Tobacco Smoke Sensitive Asthmatics," in Indoor and Ambient Air Quality (R. Perry and P.W. Kirk eds.) 303-04 (1988).

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Public Policy And Environmental Tobacco Smoke

The existing scientific evidence on ETS has important implications for public policy. In light of the available scientific evidence, there is no sound reason to ban smoking in public places, as some have demanded. Democratic societies have long recognized that freedom of choice and respect for competing views form the cornerstone of their public values. One group should restrain the conduct of another only when an overriding public purpose is at stake. Given the absence of provable health risks from ETS, there is no legitimate basis for bans on public smoking. If antismoking groups want to try to persuade smokers to change their habits, they should do so through *bona fide* informational and persuasive efforts. They have no right, however, to impose their will by forcing those who disagree with them to abandon smoking in public.

In this type of situation — when two groups lawfully and legitimately choose differing lifestyles — diverse societies require that the groups involved rely on a healthy sense of tolerance to get along. As the world continues to grow smaller, people of different races, nationalities, and habits come into increasing daily contact with each other. There is no reason to believe that tolerance — so effective a solution for so many other differences — should be discarded simply because one group claims offense at another's desire to continue smoking.

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7.2) ETS presentation

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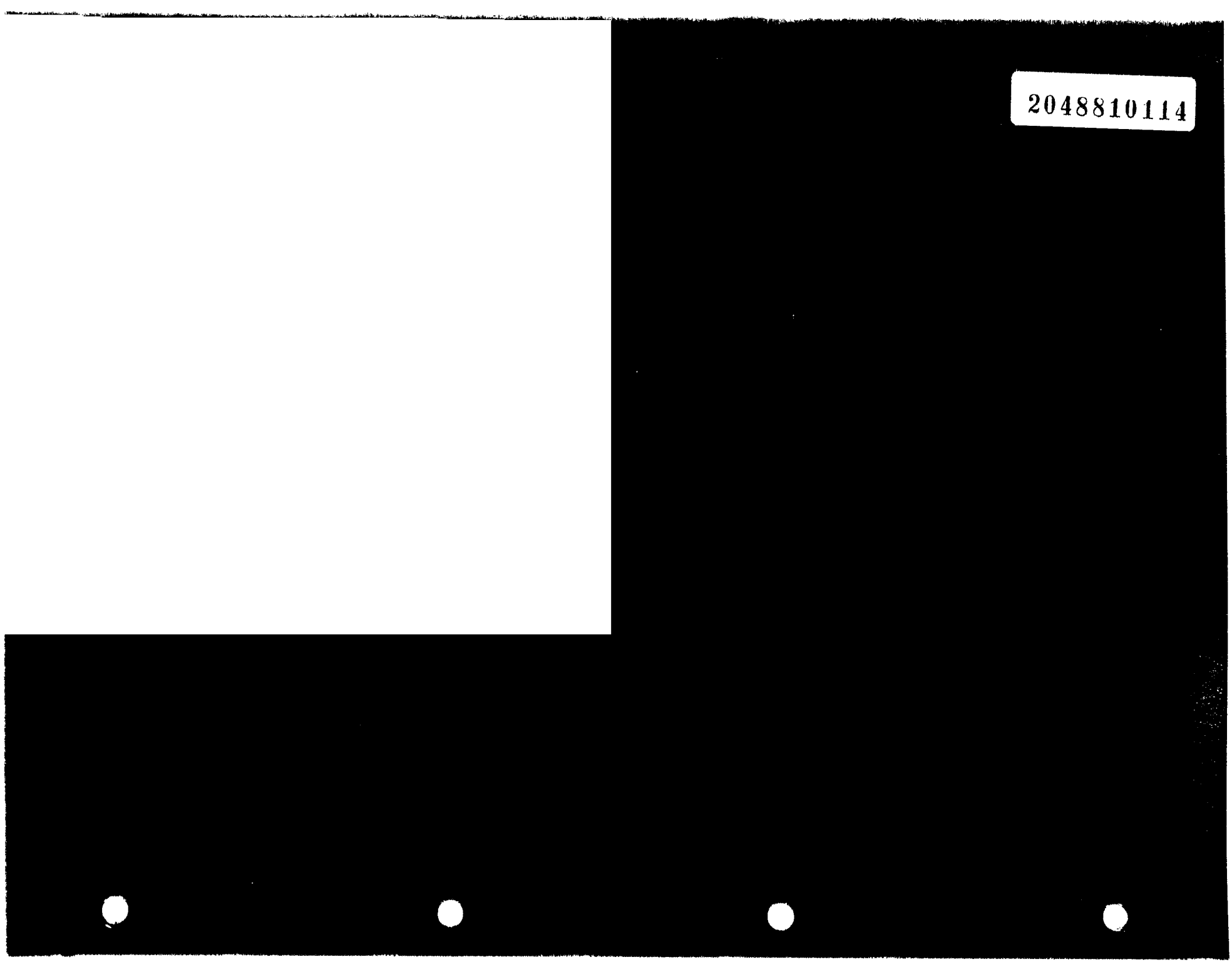

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EC LEGISLATION

8.1 Status of EC legislation

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